

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Brian Oliver

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Mike Ardito -v-

Trinity Services Group

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Brian Oliver

All other names by which
you have been known:

ID Number

20220000222

Current Institution

230 Sanderson St

Address

Pottsville

City

PA

State

17901

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Kitchen Manager

Shield Number

Mike Arditto

Employer

Trinity Services Group

Address

230 Sanderson St

Pottsville

City

PA

State

17901

Zip Code

☒ Individual capacity☐ Official capacity

Defendant No. 2

Name

Trinity Services Group

Job or Title (*if known*)

Shield Number

Employer

Address

477 Commerce Blvd

OLOSMAH

City

Florida

State

39677

Zip Code

☒ Individual capacity☐ Official capacity

Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

First Amendment The Free Exercise Clause
 14th Amendment
 Religious Freedom Restoration Act
 Religious Land Use and Institutional Person Act

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

MIKE ARDITO & TRINITY SERVICES GROUP was aware that I practice Judaism and that I have an approved Religious Accommodation (Kosher diet) yet unkosher food is put on my TRAY and served to me to eat on a daily basis

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Schuylkill County Prison
230 Sanderson St

Pottsville PA 17901 July August June 2022

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SCHUYLKILL County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? I Filed grievances & Request Deputy Warden Buchanan Exhausted all options at his disposal trying to correct Mike Andino and Trinity Services Group See Exhibit A

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Schuylkill County Prison

2. What did you claim in your grievance? I was Receiving UnKosher Food From Mike Andino & TRINITY Services Group

3. What was the result, if any?

~~XXXXXX~~ Deputy Warden Buchanan Directed me to make a Complaint with the Corporate Office due to him exhausting all his options with trying to correct my issue

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I exhausted to the highest level
see Exhibit A

C. What date and approximate time did the events giving rise to your claim(s) occur?

June, July, Aug 2022

Its a continuing violation to date it hasnt stoped

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

TRINITY SERVICES GROUP
Mike ARDITO Kitchen manager Keeps serving me Food products that are unkosher when the Block officers Return it, He states thats what he got to eat it or dont eat Kosher OR NOT Block officers that Return Food and are aware of This: D.W. Buchanan Deputy Warden C/O FRITZ C/O Joe C/O Crest C/O Rose

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

He has caused me mental emotional spiritual and physical suffering beyond words can explain I ~~am~~ suffer FROM Anxiety attack which brings on chest pains stress head ~~aches~~ He has placed a Substantial burden on me & has INFRINGED on my Religious practice I suffer FROM hunger pains Muscle Fatigue Lack OF energy FROM not being able to eat the UnKosher Food

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$250,000 FOR Repeatedly violating my my Constitutional Rights 14th amendment, First amendmen FOR violating (RFRA) & (RLUIPA)

Exhibit A

INMATE'S REQUEST SLIPS

SCHUYLKILL COUNTY PRISON
230 SANDERSON STREET
POTTSVILLE, PA 17901

REQUEST TO: DW BuchananDATE: 08/16/22INMATE NAME: Brian OliverUNIT/CELL: F-13

I REQUEST: I'm Respectfully Requesting that you address the fact that the Kitchen is back to Feeding me the same two meals everyday For over a week I got baked Ziti For almost every meal all week This morning For breakfast I was given Baked Ziti 08/16/22 He keeps giving me Unkosher Food Officer Rose took the Tray back to the Kitchen Manager He stated "If I don't want it to get off the diet it's unkosher I'm suppose to get hard boil eggs & cereal bread and fruit this isn't the first time he attempted to feed me dinner For breakfast he gave me baked Ziti more then once and that beef stew For breakfast & he gives me unkosher food items all the time

TRINITY SERVICES GROUP

RESPONSE TO REQUEST:

477 COMMENCE BLVD.

OLDSMAR, FL 34677

PH # 813-854-4264

- I HAVE EXHAUSTED ALL OPTIONS THAT I HAVE AT MY DISPOSAL TO TRY & CORRECT ISSUES FOR YOU & ALL OTHER SCP INMATES IN REGARDS TO OUR FOOD SERVICE PROVIDER. WE ARE STILL TRYING TO RESOLVE ALL ISSUES, BUT I WANTED TO PROVIDE

OFFICER/EMPLOYEE: DW BUCHANANDATE: 8/18/22

YOU WITH THEIR CORPORATE INFO SO YOU MAY FILE A DIRECT COMPLAINT WITH THE COMPANY.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

See Exhibit A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

08/25/22

Signature of Plaintiff



Printed Name of Plaintiff

Brian Oliver

Prison Identification #

20220000222

Prison Address

230 Sanderson St

Pottsville

City

Pa

State

17901

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

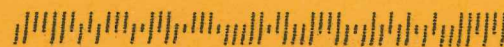
E-mail Address

Brian Oliver

#20220000222

230 Sanderson St

Pottsville Pa 17901

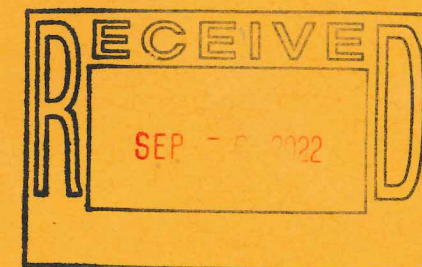


PHILADELPHIA, PA 19106
THU 06 SEP 2022 PM

Clerk of Court, EDPa
James A. Byrne US Courthouse
Room 2609

601 Market St

Philadelphia Pa 19106



U.S.M.S.
X-RAY

* Legal Mail *